

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a
separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: March 27, 2020

Case Number: 20-91

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: MEL PAQUIN DVM

Premise Name: Animal Medical Center of Surprise

Premise Address: 13833 West Bell Rd Suite 101

City: Surprise State: AZ Zip Code: 85374

Telephone: 623-295-1811

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Kenneth A. Hanley

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: N/A Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

MAR 27 2020

C. PATIENT INFORMATION (1):

Name: ABBY
Breed/Species: CANINE / Boxer
Age: 9 Sex: F Color: Flashy Fawn

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Mel Paquin DVM
Animal Medical Center of Surprise
13833 West Bell Rd. Suite 101
Surprise, AZ 85374
623-295-1811

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

① Janet Hanley [REDACTED]

[REDACTED]

② Staff Technician - Name unknown
at Vet. Clinic

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: K Hanley

Date: MARCH 23, 2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See Attached Please

March 24, 2020 Re: Kenneth Hanley, Pet Canine Boxer "ABBY"

In (approximately) Sept. 2019, my 9 year old boxer dog, Abby, was examined and treated by Dr. Neil Sweeney, at Animal Medical Center of Surprise for a gastric issue and a back foot dragging issue. He prescribed a medication for nausea which was subsequently effective. He informed us that the foot dragging issue was myelopathy, and that it was degenerative, incurable, and untreatable. We accepted the information and provided Abby the special care necessary for the next six months, as her condition degenerated as Dr.Sweeney described it would.

In early March, 2020, I called Animal Medical Center for specific information about euthanasia, Because Abby's condition had worsened to an untenable degree for her, and for my wife and me. The euthanasia process was clearly described as compassionate and peaceful, with sedation of our pet, and as much time as we wanted to comfort and say goodbye to her.

We then set the appointment for Abby's euthanasia for March 11, 2020. We arrived, were guided to a room where a technician set a blanket on the floor and took Abby out of the room to have a catheter inserted and sedative administered. Abby was brought back to us in a very short time. Abby immediately collapsed, banged her head on the floor, urinated, seized and convulsed. I then pounded the door for help, and Dr. Mel Paquin arrived quickly to administer the final heart stopping drug. Obviously this was a horrible experience to see Abby die under such distress.

Also, it was very puzzling to us that the euthanasia process was not at all as described.

On March 17, my wife and I brought a new boxer puppy and were seen by Dr. Paquin. At the conclusion of the visit I asked Dr. Paquin "what happened" regarding Abby's euthanasia. His reply comprised, "I don't know, it must be an underlying condition, possibly neurological. I then asked if the sedative drug might be a causative factor and he replied emphatically that it could not.

March 24, 2020 Re: Kenneth Hanley, Pet Canine Boxer "ABBY"

After returning home and searching the internet for related information, I quickly discovered that Acepromazine is broadly contraindicated for the boxer breed due to extreme reactions; the very reactions as we witnessed with Abby.

On Thursday, March 19, I visited Dr. Paquin's office to ask what sedative was used for Abby, and was told that it was Acepromazine. I then met with Dr. Paquin privately and presented what I discovered about Acepromazine. He rejected the possibility that the sedative given Abby could possibly be causative. He became very defensive and cited his depth of education and years of practice, and that he would not give contraindicated medication to a patient. He presented me with a Merck Rx Manual for pets which did not include a contraindication. I then stated that I'm left with a confidence issue because my new puppy is a boxer, and that he should know about breed specific cautions.

Before leaving the office, I e-mailed some of my discovered data to him, and later brought more data and left it with his staff. I expressed to his front desk associates that I had only hoped for an acknowledgement from Dr. Paquin of a possibility of sedative involvement in Abby's case, to continue bringing my pets there for health care. Sadly, I then cancelled future appointments, and asked for refunding of prepaid service.

I hope I have expressed my complaint clearly. I believe Dr. Paquin was negligent for unknowingly giving Abby a drug that is commonly regarded as harmful to boxers, and/or for refusing to consider this occurrence as red flag, worthy of investigation. It was certainly time for Abby to be euthanized, but the terrible experience for her and for us could have been easily avoided.

I am attaching the service invoice, and related information.

Thank you for your kind attention to this matter.



the
dailyboxer
Get Your Boxer Fix Here



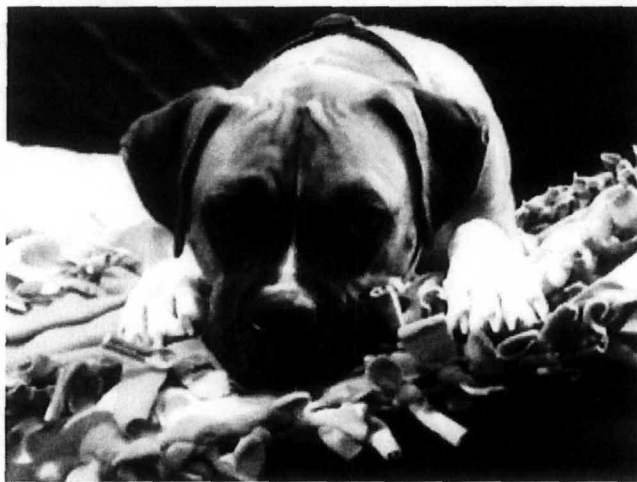
Acepromazine and Boxers!

by Daisy on August 26, 2013 in Health

Save

Like 0

Tweet



It has been well documented that Boxers have a sensitivity to the drug *Acepromazine* (Ace). In 1997 there was a veterinary warning advising that it not be used for the Boxer breed. The American Boxer Club website stated:

“

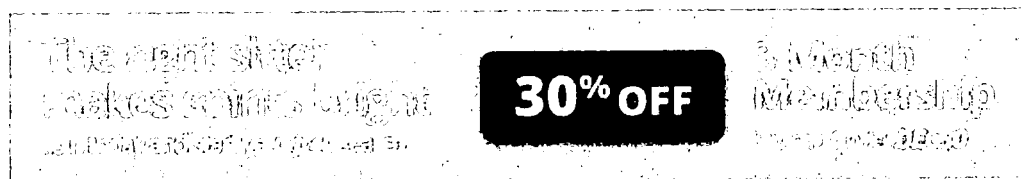
There is one drug commonly used in anesthetic protocols that should not be used in the Boxer. The drug is Acepromazine, a tranquilizer, which is often used as a preanesthetic agent. In the Boxer, it tends to cause a problem called first degree heart block, a potentially serious arrhythmia of the heart. It also causes a profound hypotension (severe lowering of the blood pressure) in many Boxers that receive the drug. Recently, on the Veterinary Information Network, a computer network for practicing veterinarians, an announcement was placed in the cardiology section entitled "Acepromazine and Boxers." This

described several adverse reactions to the drug in a very short time span at a veterinary teaching hospital. All the adverse reactions were in Boxers. The reactions included collapse, respiratory arrest, and profound bradycardia (slow heart rate, less than 60 beats per minute). The announcement suggested that Acepromazine should not be used in dogs of the Boxer breed because of a breed related sensitivity to the drug.

Even though there have been warnings, Ace is still one of the most commonly prescribed sedatives in veterinary medicine. Make sure you know your veterinarian(s), ask questions, and air on the side of caution. **Ace is never safe for Boxers and should not be used.**

The Boxer World website also has a comprehensive article that you can find here and states:

There are 3 main reactions: (1) Some vets will look aghast at the mere mention of Ace and boxers and tell you they would never use that drug on a brachycephalic breed (and often just don't use it at all); (2) Some will willingly agree to use an alternative, even though they think you're going overboard about the risks; and (3) Some will argue that it is myth that there's a problem and it's all just a matter of dosage (they, of course, use a very minimal dose), and will not or are extremely reluctant to use an alternative sedative.



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🔍 Ace and boxers, acepromazine, acepromazine and boxer, boxer, boxer dog, boxers and medications, dangers for boxers, should not be used on boxers, warnings for boxers



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ACEPROMAZINE

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1 - 7 of 7 Posts



samsonsmom

Registered

Joined Apr 15, 2006

18,306 Posts

✓ Discussion Starter • #1 • Jul 12, 2007

This is something that your vet needs to be aware of. I have this copied and is on the front page of both of mine's records at the vet's office.....

WARNING!

Is your boxer having a surgical procedure or needing to be tranquilized?

MUST READ!

Acepromazine

There is one drug used in anesthetic protocols that should not be used on the Boxer. That drug is Acepromazine, a tranquilizer that is often used as

6 Replies

6 Participants

Last post:

Barbs2Ks Aug 18, 2009

COMBINE & SAVE

HOME, BOAT, & CYCLE, TOO.

GET A QUOTE

Boxer Breed Dog Forums

A forum community dedicated to Boxer owners and enthusiasts. Come join the

a preanesthetic agent. In the Boxer, it tends to cause a problem called first degree heart block, a potentially serious arrhythmia of the heart. It also causes a profound hypotension (severe lowering of the blood pressure) in many Boxers that are given the drug. Recently on the Veterinary Information Network, a computer network for practicing veterinarians, an announcement was placed in the cardiology section entitled "Acepromazine and Boxers". This described several adverse reactions to the drug in a very short time span at a Veterinary Teaching Hospital. All the adverse reactions were in Boxers. The reactions included collapse, respiratory arrest, and profound bradycardia (slow heart rate, less than 60 beats per minute). The announcement suggested that acepromazine should not be used in dogs of the Boxer breed because of a breed related sensitivity to the drug.

Further warning from a boxer breeder and veterinarian:
This drug is the most commonly prescribed tranquilizer in veterinary medicine. It is also used orally and is prescribed for

discussion about breeds, health, behavior, housing, adopting, care, classifieds, and more!

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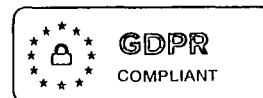
	Home Entertainment 1,280,000+ members	Join
	Mountain Bike Reviews 450,000+ members	Join

owners who want to tranquilize their dogs for air travel. I would strongly recommend that Boxer owners avoid the use of this drug, especially when the dog will be unattended and/or unable to receive emergency medical care if it is needed.

- Wendy Wallner, DVM
December, 1995

If your vet needs more than your word that you do NOT want your boxer treated with this drug, tell your vet to refer to their "Handbook of Veterinary Drugs". Every vet has one. Tell them to go to the section on ACEPROMAZINE. In this section (1993ed) They will find this information:

"Prolonged effects of the drug may be seen in older animals. Giant breeds, as well as greyhounds, appear quite sensitive to the clinical effects of the drug, yet terrier breeds appear more resistant. Boxer dogs, on the other hand, are predisposed to hypotensive and bradycardic effects of the drug."





received
4/14/20

TO: The Arizona State Veterinary Medical Examining Board
FROM: Dr. Mel Paquin, Chief of Staff, Animal Medical Center of Surprise
RE: Case # 20-91
DATE: April 14, 2020

On March 17th, Mr. and Mrs. Hanley brought in a new puppy for a physical exam and vaccines. We discussed the care of the puppy, the vaccine protocol, training tips etc. Mr. Hanley then asked, "What drugs are known to cause convulsing in Boxers." I was blindsided with this line of question, He continued to ask questions along this theme. I had to stop him and ask, "Sir what is this all about?" "Why are you asking this when you have a very young puppy?" He then went on to explain their experience with Abby when they were here last to euthanize her that she seized prior to being euthanized.

Mr. Hanley felt I knew who they were and remembered this incident. He felt I would immediately understand where these questions are coming from.

I did not recall the Hanley's personally nor the incident right away. I looked in the medical record and mentioned we used Acepromazine and then a drug called Fatal Plus. He then asked, "Why his dog seized?" He could not understand why I did not know why Abby seized that day. He really felt I was being deceitful when truthfully, I did not immediately recall these people nor the incident.

Understand my interaction with them and Abby that day she was euthanized was probably less than 30-45 seconds. We euthanized Abby and allowed them to have time with her alone.

I asked Mr. Hanley if Abby had ever seized in the past and he replied she never had seized before. I left the conversation telling them both I truly do not know why Abby seized, she may have had an underlying neurological condition, or it may have possibly been coincidental. I discussed that acepromazine used to be thought to lower seizure threshold on known seizure patients, but I truly do not know why Abby seized that day. I mentioned that some boxers can have a silent cardiac condition called Dilated Cardiomyopathy and maybe that is why she seized?

I went on to apologize for their experience and expressed my condolences and again emphasized, I did not know why Abby seized and we would not know without a necropsy.

They then signed Buddy up on a puppy plan and left.

On 3/18/2020 (*Refer to comments in MR at 2:30pm) The front desk personnel mentioned Mr. Hanley was starting to make a scene and become very argumentative with the staff. I was extremely busy that day and by myself in the hospital. I asked the office manager to place him in an exam room.

Mr. Hanley opined that I used a contraindicated drug i.e. Acepromazine on Abby and **"It is well known and all over the internet."** I tried to address his concerns even though I had 3 other exam rooms to attend to. I was hoping we could have a cordial discussion and create a mutual understanding. I literally gave him my copy of The Saunders Handbook of Veterinary Drugs 4th edition (****He mentioned Merck's Manual in the complaint***) I showed him both sections, the Adverse Reactions & Side effects and the Contraindications & Precautions (*A copy provided). I said this is a common veterinary pharmacology textbook used widely across the United States by veterinarians, please read those sections, I need to attend to several patients and then we can discuss it. When I returned, he agreed and noted there was nothing in there about Boxer specific contraindications and there is actually a comment under Contraindications & Precautions, it states: ***"However, a risk of seizures in animals from administration of acepromazine may not be as great as was once thought."***

He still was not satisfied, He repeatedly commented that ***"It's all over the internet that you should not use acepromazine in Boxers."***

I then directed his attention to the computer, where we were side by side looking at the screen. I did multiple Google searches with him, we Googled Acepromazine, Boxers and multiple other searches in combination, which we found nothing substantiating that Acepromazine is contraindicated in Boxers. He was really now agitated. ***Understand I still have multiple clients and patients waiting in the other exam rooms but I felt his concerns needed to be acknowledged.*** I then offered, "Sir here is the keyboard why don't you find the articles or webpages that state that Acepromazine is contraindicated." I waited right next to Mr. Hanley for him to find the page(s) that stated this. He actually could not find anything substantiating his position and was quite embarrassed.

I then said "Sir, we are very sorry that your last remaining moments with Abby were not ideal. It was not our intention to cause a patient to seizure in their final moments."

I went on to mention that I reviewed Abby's record in greater detail and noticed that he had brought her to Blue Pearl on July 28, 2019 and Dr. Brethouwer who noted left pelvic limb ataxia at that time started to recognize a neurological condition and they recommended Neurological referral.

Secondly, Dr. Sweeney at The Animal Medical Center of Surprise also could appreciate a neurological condition with Abby on 9/26/2019. I went on to educate Mr. Hanley that Degenerative Myelopathy is a presumptive diagnosis especially when an CT/MRI/DNA testing for SOD-1 mutation has never been conducted. He became very irritated with that comment, I went on to try to explain that we assume its degenerative myelopathy with clinical signs, breed, history, physical exam findings etc. but it was never technically diagnosed thereby maybe Abby had a more invasive neurological condition. He thought that comment was absurd. He was irate that I could even suggest that, he said *"It had been diagnosed already and we know she had degenerative myelopathy and it was confirmed."*

Mr. Hanley said to me, "it's obvious I have not changed your mind!" I could now see that there was no ability to reason with him. He came in unannounced; I accommodated him, and I was even willing to look into his concerns with him and it still was not good enough.

Since, I now recognized I had not won over his trust. In the most cordial of ways I said, "It is obvious you have lost faith and trust in me. That is not a good way to continue this relationship with your new puppy Buddy, I can have the office manager refund your money a 100% so you can find a veterinarian you feel comfortable with. I feel you need to have a 100% trust in the veterinarian of your choosing, his reply was "That is an easy way out for you."

I was off on 3/19/2020 and returned to work on 3/20/2020. There were two articles from Boxer rescues on my desk from Mr. Hanley (*Made a comment on 3/20/2020 in MR*) one DVM comments about the Bradycardia potential and do not use for sedation for long periods due to being a Brachycephalic breed, which this applies to all Brachycephalic breeds since they tend to have stenotic nares/elongated soft palates etc. and may create breathing difficulties.

The way we used Acepromazine with Abby was for sedation of 1-2 minutes prior to euthanizing. We were not using the drug for anesthesia/prolonged sedation/travel etc.

I chose not to call Mr. Hanley on 3/20/20 since our discussion on 3/18/2020 reached a point where I could see he would not reason. He obviously felt a forum of lay people that have an interest in a certain breed and who are free to make medical comments that are not upheld or reviewed by medical peers held more credibility than a veterinarian and a pharmacology textbook written by pharmacologists and medical professionals.

When, I received the board complaint I reached out to Dr. Matt Miller, DVM, MS, DACVIM (Cardiology) at Vet Med Emergency & Specialty Care. He also was a professor at The University of Texas A& M Veterinary College Station. I asked if a Boxer that had an undiagnosed D.C.M (Dilated Cardiomyopathy) condition could Acepromazine decrease the threshold and possibly potentiate a patient to seizure? He replied, "no it doesn't." He went on to explain that we used to think Acepromazine lessened the threshold for seizures, but studies now show otherwise.

He emailed the Abstract from the Journal of American Animal Hospital Association, a Peer Reviewed Journal: A Retrospective Study on the Use of Acepromazine Maleate in Dogs with Seizures.

It goes on to say that dogs with known seizure activity were given Acepromazine & no seizure activity was recognized within 16 hours after acepromazine was given.

I also reached out to Dr. Scott Plummer, D.V.M Diplomate, ACVIM (Neurology) He works at the Veterinary Neurological Center in Phoenix, Arizona.

I asked Dr. Plummer if giving Acepromazine to the Boxer Breed knowingly induces seizure activity in this breed? He replied, "Absolutely not." What about if they have Degenerative Myelopathy? He replied, "absolutely not." He said that we used to think Acepromazine decreased the threshold for seizures but that is no longer the case. It can have profound hypotensive effects and bradycardia which is exactly the properties your looking for when you need a level of sedation.

In Conclusion, we do have empathy for both Mr. and Mrs. Hanley's last moments with Abby and recognize that they were not the most ideal. We recognized that and have made our condolences very clear but not sure if they were well received.

I personally understand Mr. Hanley question, why would Abby seize now when she never has before? I personally took his concern to heart, I offered my time, I offered to show and share with him credible resources. I even offered for him to show me what he was reading on the Internet even though it made me behind with my appointments. After all of that, I recognized whatever I said, whatever I presented was not ever going to be good enough for Mr. Hanley, he made that very clear.

Lastly, I was chief of staff at a Banfield Pet Hospital for 7 years. They own over 1,000 hospitals countrywide. They have an anesthetic protocol that we were required to abide by. These anesthetic protocols were a collaborative effort between Colorado State Veterinary Teaching Hospital and the Medical team of Banfield. Under Premedications, there is a comment "Acepromazine may be used with caution or at half the calculated dose in the Boxer Breeds or Sighthound breeds." Their concern was hypotension not that Acepromazine would induce a seizure prior to surgery.

Here is a national brand with 1000 + hospitals, nationwide, conducting surgeries daily and seeing over 1 million pets per year.

They are using Acepromazine as their first go to for premedicating patients. Would they encourage the use of this drug and risk patient care and risk the brand if it had major contraindications?

Thank you for your time and considerations.

Sincerely,

Dr. Mel Paquin:



IN THIS PACKET INCLUDES:

- 1) Saunders Handbook of Veterinary Drugs: 3 Pages
- 2) A Retrospective Study on the use of Acepromazine Maleate in Dogs with Seizures: Page #1
- 3) A post on VIN by Dr Christopher Norkus, DVM, DACVAA, CVPP, DACVECC: 1 Page
- 4) Banfield Anesthetic Protocols: 2 Pages



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Sabrina Khan, Assistant Attorney General

RE: Case: 20-91

Complainant(s): Kenneth Hanely

Respondent(s): Melvin Paquin, DVM (License: 3590)

SUMMARY:

Complaint Received at Board Office: 3/27/20

Committee Discussion: 8/4/20

Board IIR: 9/16/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised

September 2013 (Yellow)

On March 11, 2020, "Abby," a 9-year-old female Boxer was presented to Respondent for humane euthanasia. The dog was taken into the treatment area where an IV catheter was placed and sedation was administered. The dog was brought back to Complainant; the dog collapsed, urinated and seized. Complainant called for help and Respondent quickly entered the exam room and euthanized the dog.

Complainant expressed concern that Respondent sedated the dog with acepromazine, which he feels is contraindicated in the Boxer breed, causing the dog to seize prior to euthanasia.

Complainant was noticed and appeared telephonically.

Respondent was noticed and was available. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Kenneth Hanely*
- Respondent(s) narrative/medical record: *Melvin Paquin, DVM*

PROPOSED FINDINGS of FACT:

1. On March 11, 2020, the dog was presented to Respondent for humane euthanasia. Complainant reported that the dog was diagnosed with degenerative myelopathy and her condition had worsened to a degree that humane euthanasia was warranted. Complainant requested a communal cremation and ashes not be returned.
2. The dog had a weight = 61 pounds, a temperature = 101.6 degrees, a heart rate = 90bpm, and a respiration rate = 30rpm. The dog was taken into the treatment area where an IV catheter was placed and sedated with acepromazine 5mg IV. The dog was brought back to Complainant. Once in the exam room, the dog collapsed, urinated and had a seizure. Complainant pounded on the exam door, requested assistance – Respondent quickly entered the exam room and administered 7.5mLs Fatal Plus IV – the dog passed away.
3. On March 17, 2020, Complainant presented his new puppy to Respondent for an exam. During the exam, Complainant asked why his dog had a seizure prior to euthanasia. Respondent stated that he did not know, it was possible the dog had an underlying neurological condition, or it was possible it was coincidental. Complainant expressed concerns that the sedative, acepromazine, caused the dog to seize; Respondent denied that was a possibility. He apologized for the experience and expressed his condolences, but did not know why the dog had a seizure at that time.
4. On March 18, 2020, Complainant arrived at Respondent's premises and became argumentative with staff. He was placed in an exam room and Respondent spoke with Complainant regarding his concerns the dog had a seizure from the acepromazine administered to the dog, stating it was well known that the drug was contraindicated in Boxers. Respondent spend much time with Complainant, while seeing patients, discussing the concerns and showing Complainant literature that did not support Complainants assertions.
5. After speaking with Complainant at length, Respondent felt that Complainant did not trust him as a veterinarian and felt they should not continue their relationship. Respondent had the office manager reimburse the prepaid plan purchased for the new puppy.
6. The following day, Respondent found two articles from Boxer rescues on his desk from Complainant. Respondent did not call Complainant as he did not feel it would productive.
7. Complainant felt that Respondent was negligent in using a drug that was harmful to Boxers and the traumatic experience could have been avoided.

COMMITTEE DISCUSSION:

The Committee discussed that this was a very distressing occurrence to Complainant. However, after reviewing all the materials, the Committee felt Respondent took time to communicate with Complainant and educate him on the use of acepromazine. The drug is not contraindicated in the Boxer breed; the Committee did not have an issue with Respondent administering the dog acepromazine prior to the euthanasia procedure.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

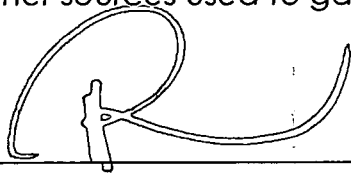
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'Riendeau', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division